

## **Parents and Prevention of Infant Morbidity**

Decreasing infant mortality without concomitant increases in infant morbidity and a better understanding of infant development are discussed in papers in this issue. These two themes are pointing us in a new direction in preventive child health services.

The nation has made great advances in the reduction of infant mortality in this century. There has been an underlying concern for the past two decades that improvement in infant mortality would be accompanied by an increase in disabilities among surviving babies. Kovar, in her comprehensive paper on child health status, assures us that at least that fear can be laid to rest.

Recent research evidence on the behavior of newborns has shown us that they are much more competent than had been assumed. Not many years ago it was thought that newborns could neither see nor hear, to any extent, a view still held by many parents. We now know they are responsive not only to visual and auditory stimuli, but they respond to contact and even more to movement stimulation. Greenspan's rich paper instructs us on how far we have progressed in acquiring important knowledge about infant development.

Successful progress through the stages of development is depen-

dent, not only on the innate capacity of the infant, but on the interaction between infant and parent. This growing body of knowledge must be applied in clinical practice and in public health settings to reduce developmental morbidity and enhance normal development.

As more emphasis is being placed on the followup of disabled and high-risk infants, there has been an increase in programs at the local level that stress early intervention. The primary purpose of these programs is to strengthen the family and to integrate the infant with a discernible disability into the family. Pediatricians and other health and education professionals, utilizing a developmental approach, can improve health and developmental experiences for infants and their families. Research in this field continues to demonstrate the importance of parent participation in programs for high-risk or disabled infants.

Public support is essential to political decisions favorable to any policy or program initiative. Evidence of growing public support for an infant developmental approach has been demonstrated in two recent instances. In Washington, in December, over 1,000 professionals attended an institute discussing the first 18 months of infant development sponsored by the National Center for Clinical Infant Programs. Within the past

year, an early intervention program has been authorized and funded by the Texas legislature. It is currently being implemented by the Texas Health Department.

I recommend to the other States that they assume leadership in a similar fashion. We need to enhance our preventive services to disabled and high-risk infants and their families, prevent higher morbidity, and continue to serve this special population in the most humane, the most efficient, and the most beneficial way for all concerned.

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